version 07.23.09

PERSONAL HEALTH HISTORY

Name _____ Phone (home) _____

Address _____ Phone (business) _____

_____ Occupation _____

Birthdate _____ Referred by _____

0 -Good, No Problem 1 -Very Mild or Occasional
2 -Mild 3 -Moderate 4 -Severe 5 -Very Severe

LEAVE THIS AREA BELOW FOR DOCTOR'S NOTES

	SYMPTOMS
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

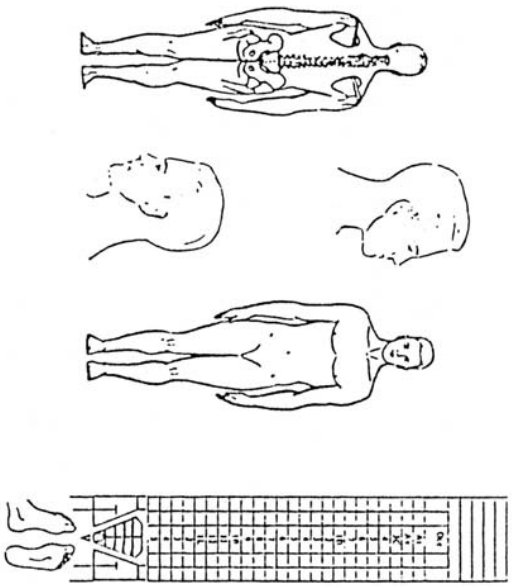
DATE

NOTES

Insurance _____

X-Ray _____

Referrals _____



SUPPLEMENTS

VISITS/ TESTS/RS

SUMMARY

kingbio The Natural Pharmaceutical Company

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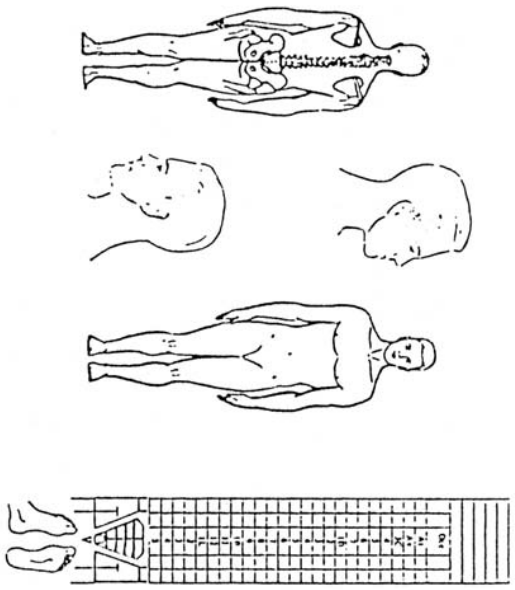

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